

SPRING NEWSLETTER – APRIL 2012

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Travel Plans – Medical Preparation



As we move toward summer many of our patients are making travel plans. Some are thinking about travelling for vacation, while others are making plans to travel to their second home residence. Our office and staff can certainly assist you in making your medical preparations. If you are travelling abroad I advise you to use the computer link on my

website or go directly to the Center for Disease Control website travel section to address your staying healthy needs. www.CDC.org provides valuable information on what medications to bring, what vaccinations and immunizations to take 4-6 weeks in advance of your trip and what merchandise you may need to protect yourself (sunscreen, bottled water, bug repellent, mosquito netting etc). The website provides information regarding the medications you should have with you (Cipro for travelers' diarrhea? Malaria prophylaxis, etc). Certain locales will require you to show proof of your vaccination and immunization status. There are sections on which foods are safe and a discussion of the water and sanitation. After you have read the material, feel free to call the office or set up an appointment with your itinerary in hand so I can review it with you and provide advice. We will need to make sure that none of the recommended medications interact adversely with your current day-to-day medications. We will also need to see if some of the vaccinations you may require are kept in stock and determine if we need to refer you to a travel health clinic or infectious disease practice.

Whether you are travelling home for the summer or going on safari in the Krueger Preserve, you should have your medical records available. There are numerous options available to you. We can always print up your most recent visits, medication lists, EKG and lab data and provide you with a paper hard copy. We can place your pertinent medical records on a small USB Flash drive that you can carry on your key chain. This device plugs into any Windows based computer software operating system and carries the information you choose plus contact information on how the treating doctors can reach Dr. Reznick.

For patients wishing to take a copy of your records with you we ask that you give us a two week notice to prepare them. It is also possible to access some of your pertinent records directly through my website on the computer. Ask my office staff to provide you with a temporary password so that you can log onto the patient portal that leads to your electronic medical record clinical summary. By logging on to my website at www.BocaConciergeDoc.com and accessing the "patient portal" logo you can log in and obtain your pertinent medical records. The first time you log in you will be asked to use the temporary password we provided. You can then change it to a secure password that only you know.

When travelling it is always essential that you make sure that you have all your medications and solutions for refills. Some countries require a note from the physician to document that it is permissible for you to be travelling with pill boxes especially when carrying controlled substances. The CDC travel website and your travel agent should provide you with that information.

You may want to consider travel insurance which includes provisions for transporting you home for care if you become ill. Our office has some suggestions on programs available for you. Your travel agent should have some suggestions as well.



With summer approaching it is never too soon to discuss the upcoming hurricane season beginning June 1st. Those of you in evacuation zones who have special needs should be registering for a special needs shelter far in advance of a storm. The same applies to pet friendly shelters. Now is the time to register for a shelter.

Travel is a fun part of spring and summer. With preparation we can make it as safe as possible.

Diagnostic X Rays- A Source of Potential Danger?



Last week a patient of mine complaining of cold like symptoms demanded a CT scan of the sinuses. She had been caring for her preschool age grandchild who attended day care and was now experiencing her fifth upper respiratory tract infection in the last 12 months. Her nasal congestion, sore throat, minimally productive cough, aches and pains and overall malaise were typical of the common cold caused by a host of viral agents seen frequently in crowded daycare center classes. She had no tooth, jaw or facial pain. We discussed why she did not need an antibiotic at this point and why exposing her to ionizing x- irradiation made no sense.

“How much radiation is safe to receive?” she asked. According to most experts, there is no safe level of radiation to receive. Different tissues take up and store different amounts of radiation and it all depends on the size of the dose, the distance from the source of radiation and the time of exposure. Most expert panels suggest that we do not receive more than 0.05 mSv per year above our normal annual exposure. Yes we do receive about 3 mSv per year from naturally occurring sources including cosmic radiation from outer space and radon in the ground and basement of our homes. People living at higher altitudes receive even more annual natural exposure, with those living in the plateaus of Colorado and New Mexico getting 1.5 mSv more per year than those at sea level. As our radiation exposure increases, the chance of ill effects and ultimate malignancy increase as well.

Recent research data shows that the number of diagnostic and surveillance medical x-rays including CT scans has increased dramatically in the last decade especially in the pediatric age group which is very susceptible to the cumulative radiation doses. A simple chest x-ray exposes you to 0.1 mSv of radiation which is comparable to the natural exposure we receive from 10 days of exposure in our natural surroundings. Compare that with a chest CT scan which provides 7 mSV of exposure or the equivalent of 2 years worth of natural exposure. A CT scan of the head, done routinely in ER visits for minor head trauma, fainting or severe headache provides 4 mSv or 16 months worth of natural radiation exposure and is considered a “ low” risk of causing fatal cancer.



The patient who shows up in the ER with lower abdominal pain and gets a CT scan of the abdomen and pelvis with and without contrast receives up to 30 mSv of radiation which is comparable to 10 years of natural exposure. Now think of the type of exposure cancer victims are receiving routinely to monitor the effectiveness of their treatment and disease progress.

In the hands of skilled technicians and experienced radiologists, obtaining medically necessary studies remains safe. What may be needed is a realization by all involved that the more exposure we have the more risk we experience. For this reason, I will be giving my patients a radiation exposure history tracking card for their wallets. Each time they have a medical x-ray I will be asking them to record the date and type of procedure. This will include dental x-rays (0.005mSv or 1 day's natural exposure level) and all other procedures so we can track annual exposure and consider alternative diagnostic options in those with large exposure numbers.

As the country considers the new health care reform proposals and opponents speak about rationing to save money and "death panels", remember that some of the reductions proposed are designed to spare us excessive and unnecessary ionizing radiation exposure.

For more information about radiation, visit the web sites listed below.

American College of Radiology - <http://www.acr.org/> Radiology Info - <http://www.radiologyinfo.org/>

Antibiotic Use in Sinusitis



In the *Journal of the American Medical Association* researchers reported that treatment with antibiotics did not improve the speed of recovery or perceived symptoms in patients who took antibiotics. One hundred sixty-six (166) adults were either given a course of amoxicillin or a placebo three times a day for acute rhino sinusitis. There was no difference in symptomatology at day three or day 10 between the two groups.

If a physician documented severe nasal obstruction the use of antibiotics did produce some perceived improvement in symptoms. There were no differences in the groups for any secondary outcomes, including days missed from work or school, additional health care consultation or recurrence of symptoms. All participating patients were allowed to take medications other than antibiotics for symptom relief. The conclusion is antibiotics aren't necessary for the treatment of acute rhino sinusitis.

Aspirin – Cardiovascular and Cancer Benefits

In a recent online edition of *MedPage*, a publication of the University Of Pennsylvania Perelman School Of Medicine, they summarize a series of articles published in the prestigious medical journal *Lancet*, which conclude that taking aspirin daily reduces your risk of cancer.

Aspirin received its notoriety after a VA study years ago noted that if you took a daily aspirin and were a male over 45 years old you had fewer heart attacks and strokes. That classic study has led to the recommendation over the years that everyone over the age of 45 years old take aspirin daily to prevent

cardiovascular events. No one can quite agree on the dosage of a full aspirin (325 mg), a baby aspirin (81 mg), or two baby aspirin?



As more people began taking aspirin for cardiovascular benefits, researchers noted more frequent episodes of major internal bleeding in the gastrointestinal tract, brain or head. At the same time, it was whispered among professionals that taking aspirin daily reduced adenomatous growths in the colon (pre-malignant polyps) and colon cancer. In the past few weeks, several studies have tried to stratify whether aspirin use daily should be restricted to men as opposed to women, or to individuals with documented heart and vascular disease for secondary prevention of the next heart attack or stroke rather than primary prevention. They cited the large number of bleeding episodes in individuals trying to protect themselves from their first heart attack/stroke compared to the events prevented and lives saved.

MedPage's review of three *Lancet* articles claims that daily aspirin use reduces the risk of adenomatous cancer by 38% and cancer mortality by 15%. It reduces the development of metastatic disease by up to 15%. These studies looked at more than 51 trials, including well over 100,000 participants, leading Dr Peter Rotwell of Oxford University in the United Kingdom to say that the papers "add to the case for the long term use of aspirin for cancer prevention in middle age."

As a primary care physician I will continue to take my daily 81 mg enteric coated buffered aspirin (2) with food and take my chances with GI bleeding and cerebral hemorrhage. If my patients do not have any strong contraindications to aspirin ingestion I will continue to make the suggestion that if they are over 45 years old they consider doing the same.

Social Media– Boca Raton Concierge Doctor



You can access my blog at <http://bocaratonconciergedoctor.wordpress.com/>.

Also, be sure to visit my Boca Concierge Doctor page on Facebook.



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If you have any questions, or to set an appointment, please contact my practice at:

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